
**LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor- Los Angeles CA 90005-4001**

**MEETING SUMMARY
Thursday August 1, 2002
1:00 p.m.-5:00 p.m.
St. Anne's Foundation Conference Room
155 North Occidental Boulevard-Los Angeles, CA**

MEMBERS PRESENT

Mario Perez	Dean Goishi
Jeff Bailey	Vanessa Talamantes
Buddy Akin	Chi-Wai Au
Sergio Avina	Gordon Bunch
Tony Bustamante	Cesar Cadabes
Edward Clarke	Mark Etzel
Shawn Griffin	Edric Mendia
Vicky Ortega	Efrain Reyes
Ricki Rosales	Gail Sanabria
Kellii Trombacco	Richard Zaldivar
David Zucker	

ABSENT

Diane Brown
Richard Browne
Sandra Cargill
Danielle Glenn-Rivera
Kelly Gilmore
Veronica Morales
Keisha Paxton
Emma Robinson
Rodolfo Zamudio

STAFF PRESENT

Rick Apostol	Elizabeth Escobedo	Dean Goishi	Gabriel Rodriguez
Darren Roberts	Delia Sandoval	Rene Seidel	

I. ROLL CALL - Roll call was conducted. A quorum was present.

II. COLLOQUIA PRESENTATION –

Mark Etzel Executive Director of CHIPTS presented on HIV Positive Youth – “Risk Taking Behaviors Among HIV Positive Youth Who Are Accessing Highly Active Antiretroviral Therapy (HAART).” This data was also presented at the World AIDS Conference in Barcelona, Spain.

The Presentation for next month will be “A Survey of HIV-Positive Latino Men: Results and Recommendations” presented by Frank Galvan, Ph.D., Assistant Professor at Charles R. Drew University of Medicine and Science and Victor Martinez from Bienestar “Positive Images.”

2003 Colloquia Series.

The colloquium is presented in collaboration between CHIPTS, the UCLA AIDS Institute, OAPP and the PPC.

Mark Etzel commented that the goal has always been to assist the PPC to be more effective in conducting evidence based planning for the prevention services delivered in Los Angeles County. The approach has been to provide an opportunity to discuss a current issue and research based on a presentation by an investigator involved in a project that might inform the work of the PPC. Previous colloquia presentations could be broken into four areas that focused on:

1. Specific Behavior Risk Groups (BRG) such as MSM or women at sexual risk.
2. Looking at emerging issues in prevention.
3. Prevention strategies and the different tools that might be used in the development of prevention interventions.
4. Capacity building.

In trying to line up speakers and topics for 2003 and on behalf of the core committee for CHIPTS **Mr. Etzel** asked if there are topics that people feel haven't been addressed adequately or if there are topics that people are interested in having in 2003? The following ideas/suggestions were shared for 2003:

- A review and discussion of any existing study that has debated abstinence based models (one that doesn't discuss sexuality in an open and frank and honest manner) versus models of prevention that allow for open and frank discussions regarding sexuality? Which approach is more effective?
- A presentation on studies that focus on Latino and African American MSM such as the outcomes of "Nuestras Voces", the study by Rafael Diaz and George Ayala that focuses on Latinos and any similar studies that focus on African Americans.
- A presentation on tracking the epidemic from the entrance to this country from the borders and vice versa. How the epidemic migrates and what border towns and the Mexican government are doing? Mark Etzel responded that the Universitywide AIDS Research Program have just mounted a California Mexico AIDS Border Initiative. There has been a lot of work in trying to gather the data about what is going on including an epidemiological profile.
- The role of harm reduction in prevention efforts.
- Other county's experiences with social marketing campaigns and how people are receiving them?
- MSMs who are on the "downlow", especially in communities of color. Mark Etzel said there is an investigator that was recently funded by NIMH (National Institute of Mental Health) to look at that group and they may just be starting. If nothing else, we can learn the rationale behind their project and how they are mounting it.
- A review of the mechanics, of social marketing and approaches including how to conceptualize social marketing campaigns.
- Effective intervention studies on transgender women who tend to get lumped up with MSM.
- A focus on risk taking behaviors for uninfected or infected people and what makes them take risks? What is their personality?
- Sexual addiction and other types of compulsions perhaps related to alcohol and drug using behaviors.
- The process of translating an evidence based intervention that worked in one population and applying it to some other population that it hasn't been tried in yet and what the process is for making that translation and then evaluating the effectiveness in a different target population. Mark Etzel stated that Dr. George Ayala was just funded through UARP to do just that so perhaps we can approach him to present on this.
- A review of websites that talk about prevention as far as some of the new priority directives are concerned.
- A report of some of the territories of the United States because we are getting growing numbers of people from these territories in Los Angeles County.
- Presentations about specific interventions that are proven effective in regards to Latinos African Americans, and Caucasians. The following speakers were suggested. From the book, Beyond Condoms there is a chapter called "Gray Area Behaviors" written by Rich Wolitski. Also, Ralph Diclamente around the area of Interventions; the group out in Minnesota that has a sexual health model. Simon Rosser and Eli Coleman. The Gay Men's Health Crisis (GMHC) is doing prevention outreach based on subcultures to see what the results of that prevention outreach efforts is.

Mark Etzel asked for suggestions in terms of the way the colloquia was delivered. What could be done to improve the Colloquia Series? **Sergio Avina** said the panelist approach has been less effective and if we can request speakers to bring power point presentation and handouts for everybody it would be better.

INTRODUCTIONS

New Member Introduction:

All members including new members introduced themselves. The new members **Cesar Cadabes, Efrain Reyes, Buddy Akin, Shawn Griffin, and Edward Clarke** were welcomed.

III. APPROVAL OF AGENDA

The Committee approved the agenda with a correction, to remove item VI. Presentation on Capacity Building Assistance by Michael Anthony Brooks due to his unavailability.

IV. APPROVAL OF MEETING SUMMARY

The Committee approved the meeting summary for June 6, 2002 with a correction on spelling under colloquia presentation should be “Yaka Yoker” and “Buddy Akin” on page 7 should be **David Kanause**.

V. PUBLIC COMMENT

No public comments were made at this time.

VI. PRESENTATION: CAPACITY BUILDING ASSISTANCE

This item was removed during the Approval of Agenda.

VII. CDC APPLICATION

Dean Goishi provided an update on the Centers for Disease Control (CDC) Application. Committee chairs and co-chairs made comments on the draft that was submitted for first review at the Executive sub-committee meeting on July 25, 2002. The comments are being incorporated into Part I of the CDC application. Mr. Goishi commented that he felt that the PPC is on target. The comments that have been received are very good. He said that they should have the next draft ready for review toward the next week. If PPC members other than the Executive sub-committee wish to review the application let him or Elizabeth Escobedo know and they will provide a copy of the draft. A final review will be completed at the Executive sub-committee meeting on August 29, 2002. At the September 5, 2002 PPC meeting PPC members will be asked to endorse a letter of concurrence to OAPP for the application. The CDC application is due on September 16, 2002. CDC has changed their requirements that they are no longer accepting post-marked dates.

Jeff Bailey clarified that the CDC provides money for prevention programs and it is the primary purpose of the PPC to develop a prevention plan. The Prevention Plan 2000 contains multiple elements such as Epi Profile, recommendations for interventions, who the target risk populations are (which were decided to be the Behavioral Risk Groups). Every year the PPC is required to submit a reapplication to the CDC to update that Plan it is also referred to as the ongoing application. The purpose of the reapplication process is to inform the CDC on the progress of the current Plan. He thanked all the sub-committees for all their assistance and narratives that they provided.

VIII. UPDATE ON THE PLAN FOR 2004

Overview of the Plan 2004

Gabriel Rodriguez provided an overview of the Plan 2004. One of the primary responsibilities of the PPC is to develop a multi year HIV Prevention Plan for Los Angeles County as Jeff stated. The PPC has started work on the next prevention plan for years 2004 through 2008. The Executive sub-committee of the PPC has developed a work plan that outlines the specific steps that need to be taken to ensure that the plan is submitted to the CDC by **September 2003**. The following steps need to be taken.

Executive Sub-committee Work Plan

1. **Update the Epidemiological Profile for Los Angeles County** - It will not be a full Epi profile but will contain updates on some of the epidemiology data that was reported in the EPI profile 2000. That information would be used by the PPC to identify those high-risk populations, set priorities, and identifying effective interventions for those populations. This data must be reviewed to determine if there is a need to shift the priority target populations (BRGs and set-asides) that are currently being targeted from the past HIV Prevention Plan.
2. **Resource Inventory - Due September 2002** The Evaluation sub-committee is conducting a resource inventory of current prevention services in Los Angeles County. All prevention programs, and related prevention programs such as STD and Mental Health services will be included. The services do not have to be HIV specific but those services that would be beneficial to people who receive prevention services will be included. An attempt will be made to compare the services listed in the comprehensive resource inventory with those needs identified by the risk populations in the needs assessment to determine what the unmet needs are of those populations.
3. **Needs Assessment - Due December 2002** – A needs assessment must be completed and include a review and analysis of various sets of data. Examples of this type of data include:

- a. **CRAS DATA** - The CRAS data is a very valuable tool and will identify some of the needs of clients that are receiving prevention services.
 - b. **Focus Groups & Key Informant Interviews** - Another way to collect needs assessment data is through focus groups and key informant interviews, to gather more data that fills in some of the gaps in the information that may not be obtained from a larger survey such as the CRAS survey and others.
- There are many other sources of existing data or strategies to collect additional data. With the recent adoption and future implementation of the HIV Continuum of Care Services Model, the challenge with the needs assessment will be in determining how to integrate HIV Prevention and Counseling and Testing with needs assessments of HIV positive people who are in care services.
- 4. **Gaps Analysis - Due 1st Quarter 2003** – A Gaps Analysis will need to be completed. It would compare the resource inventory (the resources that are out there for people who are at risk) with their needs (identified through a needs assessment) and identify gaps in services (met and unmet needs). There is some discussion within the Evaluation SC about searching for a consultant to do some of the Gaps Analysis work.
 - 5. **Set Priorities** – Depending on the HIV epidemiological data, the PPC would need to set priorities for which specific populations it will target.
 - 6. **Make Recommendations** – The PPC will then need to make recommendations on how to provide services to those populations through prioritized interventions and best practices for each high-risk population/BRG.

All this information would then need to be compiled into one volume, which we all recognize as the HIV Prevention Plan. The Prevention Plan will then guide the Health Department on implementing new prevention programs, shifting resources or the focus of existing programs to be more responsive to where the epidemic within people who are at highest risk.

Scope of Work – It is hoped to have a Scope of Work detailing all of these activities and additional details for the Executive sub-committee within a week.

Jeff Bailey encouraged everyone who is interested in prevention planning in Los Angeles County to get involved in the development of the Plan. When OAPP rolled out the last Plan there were many people who were not engaged in the process and were very surprised to see the shift from general target populations to more specific Behavior Risk Groups. He encouraged those that are either funded or interested in prevention to get involved in the process of developing the Plan by getting involved in the sub-committee work of the PPC. Once the Plan is published those involved will have a full understanding of how the Plan was developed.

Gabriel Rodriguez asked if there are any suggestions, recommendations on how the PPC and OAPP can best gather input from the community and on how to best respond to the prevention needs of those at high risk to please let us know as we develop the plan and not to wait until after all the work is completed. Waiting until after the work is completed only makes the process more difficult as we all experienced in the last process with the Women at Sexual Risk BRG.

IX. BREAK

X. SUB-COMMITTEE REPORTS

The new PPC members were assigned to the following PPC sub-committees. Youth Leadership sub-committee: **Efrain Reyes**; Operations sub-committee: **Edward Clarke**; Evaluation sub-committee: **Shawn Griffin**; Standards & Best Practice sub-committee: **Cesar Cadabes, Buddy Akin, Richard Browne and Dean Goishi**

Evaluation

- **PPC Member Survey**

Pamela Ogata reported that the PPC completes a required PPC Member Survey and a co-chair survey annually. The survey is only for current PPC members and co-chairs. This survey is conducted to incorporate the results into the CDC application due in September. The purpose of the survey is to evaluate the process of the community planning body. Questions are asked about demographic information and about the planning process in terms of developing the HIV Prevention Plan and utilization of data. New PPC members who have not participated on planning activities were asked to fill out the demographic information and all other information that they could provide.

Dean Goishi clarified that there is information that is not on the survey that is needed for the application. It is the question whether you are an affected member of the PPC? This is defined as having a family member spouse, or relative who is HIV positive, or has been diagnosed with AIDS. If the answer is yes, write on the cover of the survey that you are affected.

- **Resignation of Ricky Bluthenthal**

Ricky Bluthenthal has resigned from the PPC. So, Research and Evaluation will be an area that the PPC will need to find a replacement.

Operations

- **Update on Revisions to the PPC Policies & Procedures**

Page 2, PPC Membership Composition: A modification made to the membership composition was the addition of the elected seats; State Office of AIDS, City of West Hollywood, Los Angeles County Office of AIDS Programs and Policy, TB Control, Sexual Transmitted Disease (STD) and Alcohol & Drug Program Administration and Los Angeles County HIV Epidemiology Program.

Page 3 Membership: “availability PPC applications on an ongoing basis” and on d. “OAPP representative(s) shall serve as Governmental Co-Chairs of the PPC”

Youth definition: on bottom of page 3: “There had been some discussion due to the fact that the prevention planning guidance does require the planning group to maintain youth representation on our body. However, if someone comes on as a youth (24 years old or younger) and then as they continue through their term they age out of that category, what does that mean for that individual and for the membership composition? The new language for youth members 24 years old or younger is, “A PPC member who qualifies as youth at the time of his or her appointment but who matures past age 24 during his or her term will still be considered youth for the purposes of this demographics representation until the end of that calendar year. At the end of that calendar year, that member will be considered a general PPC member and will no longer be considered a “youth” possibly leaving a gap in youth membership.” It is recognized that would be an ongoing position that would constantly need to be reviewed and evaluated for recruitment.

Term of membership: “The Operations sub-committee made a recommendation at the November Executive sub-committee meeting regarding the approval or removal of members following the conclusion in each term. The selection, re-election, and dismissal of members will then be voted on at the December PPC meeting for new terms starting in January. Although members may serve no more than three (3) consecutive terms, members are not guaranteed continued membership following the conclusion of each term.” That change was made because there were some members that felt that their six year, (3) year terms was open ended and there was not a great deal of accountability about their attendance.

Section D. Participation Requirements: “Members are required to attend all regularly scheduled PPC meetings. Members are required to participate on a consistent basis in at least one PPC standing sub-committee, and to attend the PPC Orientation presented by OAPP and the PPC Co-Chairs within thirty (30) days of the official appointment, as well as the annual PPC Retreat. Appointed Commission Representatives are exempt from the sub-committee participation requirement, which is satisfied instead through consistent participation at the monthly Commission meetings.” What that means is that those people who are members of the PPC are required to participate in at least one sub-committee and those members that are appointed to the Commission will satisfy that requirement by attending the Commission meeting.

Section J: Changing Agency Affiliation: “When a PPC member changes his or her agency affiliation, it is the sole responsibility of that member to secure from his or her new agency the permission and accommodation to continue serving on the PPC. However, if this change in agency results in the PPC having more than two members from the agency, then the member who changed agency will be required to step down at the end of that calendar year. The member may keep his or her seat if one of the other PPC members from that same agency steps down instead, either voluntarily or due to term limits, or if the Operations Sub-committee recommends, and the PPC approves, an exception to this policy based on extenuating circumstances or special PPC needs.”

Jeff Bailey clarified that the PPC and the Policies and Procedures state that there should not be anymore than two representatives from one particular agency sitting at the table. It is recognized that sometimes people move from one place to another and it may result in an agency having three representatives. That is the reason why it was felt that appropriate documentation was needed.

Section K: Removal from membership: “PPC members can be removed by a simple majority vote of the general membership as recommended by the Executive Sub-committee. Votes to remove a member will be conducted by written ballot and recorded with voting member names. Cause for removal may include, (1) Three absences within a twelve-month period; (2) Excessive tardiness and/or leaving early from regularly scheduled meetings; (3) Non-participation and lack of attendance at standing sub-committee meetings or, for appointed Commission Representatives, at monthly Commission meetings; (4) If a member knowingly votes on a matter that is directly or indirectly a violation of a conflict of interest; (5) Non-attendance at the annual two-day PPC Retreat; and (6) If a member changes agency affiliation, resulting in more than two PPC members from the same agency.”

Page 7: Second paragraph, “The Executive Sub-committee guides the development of social marketing strategies and insures community input in the content development process.”

Page 7 number 4: Joint Public Policy: “Addresses HIV prevention policy and raises funding issues as well as public awareness of HIV prevention efforts.” Another change that was added was renaming it as the “Joint Public Policy Committee” and deleting the Social Marketing aspect.

Page 8: A. Scheduling of Meetings: Number 4: “The PPC will host an annual Retreat to discuss and re-commit to the roles and responsibility of PPC members, review prevention planning guidelines, and to develop annual sub-committee workplans.”

Page 9: B. PPC Co-Chairs: “There will be a minimum of three co-chairs of the PPC and maximum of four.” **Membership:** “Co-chair membership will consist of two Community Co-Chair and two Governmental Co-Chairs. Community Co-Chairs will be elected by the members of the PPC at its general meeting in April; every effort will be made to maintain gender parity among the Community Co-Chairs. Governmental Co-Chair will consist of the Director of OAPP or his/her designee(s): the Director has the option of designating both governmental Co-Chair(s) as representatives of OAPP’s Prevention Services Division and Planning and Development Division (one seat each).”

Gordon Bunch in the first sentence it is referenced that “a minimum of three co-chairs” but in the sentence below for co-chair membership it is stated as always being four. It was agreed to change the language to “co-chair membership will consist of two community co-chairs and up to two governmental co-chairs.”

Page 10: Sub-committee Chairs: number 2. Selection – “Sub-committee Chairs will be selected by the PPC Co-Chairs and representatives of the PPC membership, taking into account skills and expertise required for each Sub-committee.”

Jeff Bailey clarified that numbers 1 and 2 is changing the language from committee co-chairs to a committee chair and the PPC co-chairs would designate the chairs of the committees. **Vanessa Talamantes** said that this does not preclude the sub-committees from also having a Deputy Chair.

Page 10: D. Commission Representatives

- 1. Selection-** “The PPC Co-Chairs may appoint up to three members (one of whom must be HIV positive) to serve as Commission Representatives, charged with attending the monthly meetings of the Commission on HIV Health Services. Commission Representatives will be selected from the PPC membership. Any PPC member may volunteer or be nominated from the PPC for a Commission Representative vacancy.”
- 2. Term –** “The Commission Representative will serve in the capacity for the remainder of his or her current PPC term.”
- 3. Duties and Responsibilities - a.** “Attend and participate in all monthly meetings of the Commission, which are generally held on the second Thursday of each month. Attendance at the CHHS meetings exempts the Commission Representative from the PPC membership requirement that he or she participate in monthly PPC sub-committee - although all members are encouraged to participate in at least one sub-

committee. b. Report on prevention issues and represent PPC interest at Commission meetings. The PPC Commission Representative's responsibilities will be to ensure PPC representation at each and every Commission meeting. c. Report back at each monthly PPC meeting on the most recent Commission meetings. The PPC Commission Representative's responsibility will be to ensure that a comprehensive report is presented at each and every PPC meeting."

Page 12: C. Governmental Co-Chairs – "An OAPP representative(s) shall serve as Governmental Co-Chair of the PPC."

Page 13: Revisions to the Policies and Procedures Manual – "Policy and Procedure changes will be recommended to the sub-committee by the Executive sub-committee."

Buddy Akin asked if there is a contingency plan or a policy in place for a PPC member who loses his agency affiliation altogether. **Jeff Bailey** responded it does not preclude them from participating since PPC members do not have to be affiliated with an agency to be part of this body.

Mark Etzel suggested to add "care" on page 7: Under Public Policy; Addresses HIV prevention and "care" policies and raises funding issues as well as public awareness of HIV prevention and "care" efforts.

Edric Mendia stated that often times they are called to task for questions about OAPP having undue influence and being over represented in the body. He asked, for a brief explanation and the rationale for adding the additional OAPP representative.

Jeff Bailey responded that two years ago when Maria Perez was the Director of the Planning and Development Division, the PPC felt that because of the relationship that that Division has with the CDC, and the fact that the CDC guides this process, that it was important to have that representative from OAPP present. Traditionally the Director of the Prevention Services Division has primarily been the sole member mainly because they are the ones who allocates the resources and oversees all of the contracts of the prevention providers.

It was moved, seconded and approved to accept the Policies and Procedures with the changes recommended by the Operations sub-committee and include the edits that were made today.

- **Member Application Supplement**

Darren Roberts asked PPC members to complete the Member Application Supplement survey and correct information for the PPC roster. It is the demographic information from the new application. PPC members were asked to write their age to the right of the category.

Kellii Trombacco reported that the other activities involving the Operation sub-committee was the narrative to the CDC application, the on-going recruitment of new members, and bringing aboard the new members. She mentioned that they did not have an opportunity to discuss the development of the Recruitment Brochure. They will get back to addressing some of the recommendations made in the CDC application in terms of recruiting new members and involving more public and community participation through strategies such as the use of incentives.

Joint Public Policy

Mark Etzel reported that the July meeting was very well attended. He thanked members from the Youth Leadership sub-committee for their attendance. The meeting focused on trying to figure out a process for recommending policies and priorities, taking positions on issues, and the criteria by which the committee would need to take positions. Some committee members volunteered to work on a small work group to develop a draft procedure and process that will be shared at the August meeting. There are some different rules that govern the CHHS. The procedure will help them be clear about how issues are brought to the group. How they are in line with the Comprehensive Care Plan that the Commission develops and the HIV Prevention Plan, as well as the Strategic Planning activities in Los Angeles County

The procedure will also provide guidance and indicate to other groups who have approached the committee around pieces of legislation or policy issues that they wanted a position taken. There has been a pattern of

some requesting issues to be considered but the people who are requesting the matters to be discussed did not attend the meetings, and did not provide any background information. The committee felt that is important to indicate how the committee will consider issues. The committee is trying to look beyond the focus of HIV and Care and Prevention Planning issues. The committee is trying to figure out what their role is in responding to issues such as the County's health care crisis and what that is going to mean.

Jeff Bailey mentioned that regarding the Strategic Plan there has been some discussion about the merging of the two bodies. He has received questions from people about how that is moving along. There is a conference call going on tomorrow with members of the Strategic Planning process to start engaging in that discussion.

Mark Etzel mentioned that there was a membership task force that made some recommendations about how to structure the planning efforts in Los Angeles County, given the focus on integrating care and prevention. It was recommended that a single planning body is created and that it be smaller than the current PPC or the Commission. It is only a recommendation at this point. The telephone call taking place tomorrow is to discuss how the Commission and the PPC talk through these issues, and how to involve the Health Deputies when appropriate and the Board of Supervisors.

Jeff Bailey mentioned that any support that the PPC can provide in getting Melanie Sovine's contract renewed to finish this process would be most helpful.

Standards & Best Practice

David Zucker reported that they focused mostly on implementing the suggestions that the Executive sub-committee made to the literature review search. Most of the interventions in the literature right now are not adequate for the diverse needs of Los Angeles County. The subcommittee had a difficult time on how to prioritize these interventions. Therefore, in lieu of this, part of the recommendation was to bring along these aspects that the Health Policies Studies Institute developed of what comprises an effective intervention. There are about 7 or so criteria stating that in order to consider an intervention effective it must include some general criteria. For example, the intervention must:

- ✓ Have clearly defined target populations;
- ✓ Have clearly defined objectives ;
- ✓ Target the highest risk populations; and
- ✓ Use strategies that are for, of and by the target population.

The subcommittee used these criteria as the bar by which they would measure each intervention that came across in their literature review. They checked interventions to see if they met these criteria.

The subcommittee is also looking forward to Dean Goishi's help in getting real specific things regarding how they can better improve their contribution to the CDC application.

Youth Leadership

The last Youth Leadership sub-committee meeting was held at the Long Beach Health Department. It was the largest turnout in the last six months. An orientation segment is provided at each meeting on a monthly basis lasting between 30 and 60 minutes. The orientation segment this past month focused on the role of the PPC. It was tailored after Gabriel Rodriguez's presentation at the last Retreat. The purpose of the orientation was to inform new members of their role in the strategy and the layout and about how the work begins to be completed in the revision of the HIV Prevention Plan. They went over some of what the Evaluation sub-committee will be doing and some of the gaps analysis.

Mr. Avina stated that it continues to be a request by the Youth Leadership sub-committee that all OAPP funded agencies that work with youth send representatives to the Youth Leadership sub-committee meetings. **Mr. Avina** said that this is not happening. The mobile meetings continue to be successful.

Chi Wai-Au mentioned that Reach LA received funding from OAPP to help produce youth friendly documents and outreach materials that they will be using to recruit and train new members.

CHHS Update

Edric Mendia reported that the regular CHHS meeting scheduled for July 2002 was postponed. They met on July 23, 2002. They reviewed the recommendations of the Commission's Priorities, Planning and Evaluation Committee (PP&E) on funding priorities for next year. The Committee reviewed data from various sources including CHAS, data from consumer forums convened throughout the county, existing consumer surveys and their own needs assessment study in order to establish the recommendations. Their conclusions, recommendations and PP&E's directives to OAPP on how to administer the allocations can be reviewed at the county website at www.lapublichealth.org/AIDS, or the consultant's website at www.pca.org. Copies of some of the directives made at this meeting were available.

Jeff Bailey attended a meeting this morning with the Third District office where the Commission presented a revised Continuum of Care Model outline. He noted that prevention was not listed as it was in the original Continuum of Care Services Model. Some of the presenters did not mention prevention in their presentation. Yet at the end of the meeting all they talked about was prevention. **Mr. Bailey** said that the clients that are coming to our doors feel that prevention is very much a priority. He encouraged those that are available to attend the August 28, 2002 meeting of the PP&E Committee of the CHHS and ensure that prevention continues to remain on the table as a priority. It is imperative for the mantra of the Continuum of Care Services Model and the integration of prevention treatment and care that prevention continues to be on the table of that discussion.

Vanessa Talamantes responded that the Continuum of Care Services Model is a revised version and it was just presented to them at the allocation meeting. She recalled that there were some additions to it but not much had changed except for the fact that prevention was taken out of the Primary Health Care Core for some reason. She mentioned that it is very important that PPC members attend the PP&E Committee meeting to ensure that our voices are heard and that prevention is put back in the Primary Health Care Core.

XI. NOMINATIONS OF THE PPC REPRESENTATIVE TO CHHS

Currently there are two PPC Representatives to the Commission: Edric Mendia and Vickie Ortega. There is one vacancy. Several months ago Kellii Trombacco was nominated. Nominations were placed on hold due to the revision of the Policies and Procedures. Nominations will be accepted at the next PPC meeting and elections will be held. Shawn Griffin nominated himself.

Gordon Bunch said that in reference to the Nomination of the PPC Representative it was indicated that we would vote; however, on page 10 of the Policies and Procedures, it says co-chairs appoint. It was clarified that it should say "PPC" not "co-chairs."

XII. OAPP REPORT

Budget Crisis

Mario Perez said that in regards to the budget crisis there does not appear to be a physical impact to the work that we do because this program is grant funded. OAPP relies on local, State, and Federal resources to support the work of OAPP and the community based organizations both with respect to care and prevention services. OAPP has felt some impact of the crisis. OAPP has been having a challenge getting positions allocated and people hired. There have been a number of discussions around clinic closures that will impact the work of HIV prevention in terms of making sure that HCT and the other prevention interventions are available Countywide. There is a need to take a close look to make sure that there are not too many gaps created by some of those impending closures. He reported that they are making significant progress in the area of HCT and the focus on Behavior Risk Groups. There appears to be some decrease in terms of people being tested who do not identify with a behavioral risk group although that statement in many ways may be a little premature.

HIV 5 Reporting Form

OAPP continues to work with many of the HCT providers to train them on the HIV 5 Form (the State reporting form). OAPP is working closely to implement the HIV 5 Supplemental Invoicing System that creates a mechanism to reimburse providers with additional resources based on their ability to target behavior risk groups.

State ELI System

OAPP continues to be engaged in discussions with the State on the Evaluating Local Interventions (ELI) system. OAPP is developing a similar system to the ELI system and has requested an exemption from the State to fully implement this system locally. It is hoped to know more toward the end of the month in terms of Los Angeles County's implementation of the ELI system. ELI is a web-based system that strives to collect client level information of clients who receive prevention services across the system. It will require significant local investment and training.

State Sponsored Meetings

Mr. Perez announced that there are two State sponsored meetings this month. The state is sponsoring a meeting on Partner Counseling Referral Services (PCRS). OAPP will be representing Los Angeles County at that meeting. OAPP will be sharing their approach to having community-based organizations take a more active role with PCRS and partner services delivery. There is a State community planning group meeting later this month in San Francisco.

OAPP's Role in Community Planning

Mr. Perez mentioned that with respect to the comment regarding OAPP's undue influence over the process, the Director of OAPP was not available for the priority-setting meeting mentioned in the CHHS report. If there is a sense that OAPP is unduly influencing the prevention priorities set forth by this body, he encouraged members of the community and the PPC to speak frankly with the community co-chairs. It is inconsistent with the spirit of community planning. He stated that he and his governmental counterpart, Dean Goishi in no way intend to unduly influence the prevention planning process.

2002 CDC Supplemental Application Report

Dean Goishi reported that the CDC Supplemental Application has been completed and submitted to CDC. Unfortunately, the timeline for communication was not very good. He apologized for not contacting all the PPC members to discuss and get feedback. OAPP made sure that the community co-chairs were involved with the development of the supplemental application. The amount of the application is \$546,000. The application is divided into two parts that are both consistent with the PPC's stated priorities.

The first part is ongoing and will be added to the annual base amount and will be used for faith-based programs. The faith-based money has run out and it was felt that this is a very important segment of prevention and preventing HIV infection within Los Angeles County. That portion is a community intervention portion and it is focused on targeting the African American and Latino faith institutions. It is a long-range program.

The second part is one-time-only funds that have to be spent by December 31. It can be carried over, but CDC will need to be informed that the money will be used for a very specific project. The proposed project is a community intervention and it is based on OAPP's Capacity Building programs. It is focusing on and continuing the emphasis on infrastructure development, especially amongst agencies that serve communities of color and emerging communities in Los Angeles County. A part of the capacity building initiative will be used to continue the focus on trying to build leadership skills in agencies that serve MSM and MSM/W men of color.

Dean Goishi responded to a question asking if there would be an RFP for the one time only funds. He stated that because there is no time to develop and release RFPs, the funds will be committed to existing programs that have been ongoing in capacity building initiatives. There is a probability that an RFP will be released for the faith-based part.

It was asked, how is it determined who gets the faith-based money and who gets the capacity building money?" Mr. Goishi answered by saying that it is an internal decision but there is not an agency involved at this point. At this stage it is all for internal programs and support. They are going to the programs that OAPP is responsible for such as the capacity building, social marketing and those programs that we have taken the lead for in the past.

Mario Perez explained in reference to the CDC Supplemental Funds the following:

- ❖ OAPP is under tremendous pressure to obligate resources in a very short amount of time.
- ❖ Another complicating factor is that the funds are a one-time-only and does not put us in a position to have an RFP that is only in effect for a 12-month period. OAPP's preference is to have multi-year programs in place. It is easier to justify the nine or 10 months that is invested in developing, and issuing, and completing the RFP process in order to have a program in place. Given the relatively short notice that OAPP gets from the federal

partners in terms of what our notice is and how much time there is to spend the resources makes issuing an RFP challenging.

- ❖ OAPP makes a significant effort to ensure that the way the resources are being spent is consistent with the principles and intent of the prevention plan. The PPC has endorsed Faith-Based. It is part of ongoing source of funding in our County for some time now and it the continuation of that one intervention. Currently, there is not a faith-based contract in place and this provides an opportunity to continue that effort.
- ❖ With respect to capacity building, many have heard of the efforts at OAPP to enhance the infrastructure capacity of the existing prevention providers to improve the investment that are being made. Taking a few hundred thousand dollars and enhancing the capacity of prevention providers that are implementing over \$10 million dollars worth of contracts and prevention services seems like a sound investment.
- ❖ Nothing is inconsistent with the goals of the PPC.

A question was asked regarding the capacity building focus of these programs. Will the implementation be done through OAPP? **Dean Goishi** responded by stating that, these funds will provide the opportunity to enhance the initiative that is already ongoing. This will be to provide more opportunities for consultant's to work directly with contracted CBO's.

XIII. CO-CHAIR'S REPORT

BRG Meetings

Jeff Bailey referenced the schedule of all the BRG meetings that was included in the packet. He informed all those agencies that the PPC highly encourages them to attend these meetings. Some of the agencies have noticeably been absent at all of the BRG meetings even though they are funded in all these categories. He said that he appreciated everyone who has helped facilitate the BRG meetings. It would be beneficial for the PPC and non-PPC members to hear the feedback about the BRG meetings.

Five BRG meetings have been completed. They were extremely informative. We have asked people to come here and tell us a little bit about where they are actually implementing their intervention so we can go back and look at where funding goes. That informs us in regards to the Gaps Analysis. We also asked them what types of interventions they are engaging in? Are they individual level, group level, community level? And if it is community level, do they understand what that means. Some of them indicate they do community level but when we ask them what it is, it's not truly community level intervention. However, I have to admit that the transgender group is very savvy and they were doing a lot of policy work in their interventions, which is truly community level interventions. We asked people what their challenges have been in implementing their interventions as well as their success stories. I acknowledged the help of Rick Apostol from OAPP, who has been instrumental and has been summarizing all of the notes. Vanessa Talamantes and Edric Mendia, David Zucker, Ricki Rosales, and Veronica Morales, and Kellii Trombacco and Gordon Bunch and his staff have been involved in these meeting also. He encouraged PPC members to participate. There is another meeting August 9, 2002 and a facilitator is needed.

Vanessa Talamantes facilitated the adult MSM, which has been one of the larger groups. It went very well and she wanted to thank those community members, and agencies that have participated. The information they provided is truly essential to our community planning process. The fact that many agencies have been very candid and honest with their responses and their remarks is important.

Syphilis Update

Tony Bustamante reported that there is a "Stop the Sore" social marketing campaign out. Year to date there are 254 cases of early syphilis of which 114 are MSM and of those 75 are co-infected with HIV. As part of the National Syphilis Initiative that was embarked by CDC several years ago, a team of seventeen CDC representatives made an assessment of the entire STD program in June. They are currently reviewing the 77-page report and will be responding to those comments. OAPP was present and provided a presentation. Part of the CDC assessment team was Vickie Rayle, the CDC Project Officer for Los Angeles County. One of the priority recommendations was an integration of HIV and STD services and not just at the community level but at all levels including some of the private partnerships with Kaiser, some of the HMOs, and CBO's. One of the key recommendations was training and exchange of training of STD messages across the board. They are providing training to incorporate STD messages and HIV messages.

Mr. Bustamante stated that the Executive sub-committee requested that the STD Program provide a presentation of the Syphilis Elimination Program. The presentation will be conducted in October.

Urban Coalition HIV/AIDS Prevention Services (UCHAPS)

Vanessa Talamantes reported that she had the opportunity to provide a presentation at UCHAPS. The presentation consisted of the PPC composition, how the meetings are run and organized, what the successes and challenges are, and what the collaboration is like with OAPP and the Health Department. What is the collaboration between the PPC and the CBOs and the Community members? Ms. Talamantes stated that in comparison to the other jurisdictions, she thought that we were ahead of the game.

David Zucker stated that he walked away with the feeling that we are doing a very good job particularly with the Youth Leadership Sub-committee. He did not see that represented in any other jurisdiction besides Los Angeles. The fact that Los Angeles has a Youth Leadership sub-committee is successful and growing was very encouraging to him.

Mario Perez said that he thought the last UCHAPS meeting intended to increase the proportions for prevention specifically in the prevention surveillance area. The CDC is currently funded just shy of \$700 million and the goal was to have congressman consider an appropriation of \$1 billion for prevention and surveillance nationally. The six jurisdictions (Philadelphia, Chicago, Houston, San Francisco, Los Angeles and New York) share about a third of the national epidemic and the goal of UCHAPS is to raise awareness to make sure that appropriations to those jurisdictions is consistent with the impact shared by these jurisdictions.

Mario Perez explained that often those who go on hill visits are charged with visiting the congressional office of the local elected officials. There is a tendency to visit the local elected officials however; there was a different approach this time. Instead of having representatives from each jurisdiction visit their own elected officials it was decided to have four or five people from different cities visit representatives from different jurisdictions. The purpose was so that the elected officials could get a sense of what was going on in other cities. It changed the dynamic of the discussion and impressed upon them about the impact nationally and the discussion was not geared specifically to their jurisdiction. Some of the people they met with were mostly staffers.

Dean Goishi said that over the year and a half UCHAPS has been working on an urban agenda. It is a document that outlines each of the jurisdictions, what is common among them and the recommendations in reference to prevention. The document was just unveiled and it was given to each office during their hill visits. Once the document is received it will be made available to the PPC and community. At the US Conference on AIDS in Anaheim in September 2002, there will be a formal unveiling of this document to the public.

International Conference on AIDS – Barcelona, Spain

Jeff Bailey reported that this body should be very proud of one of its members who provided a presentation in Barcelona, Spain. Mark Etzel presented on much of what was presented today in the colloquia. One of the major themes was discussion about the importance of integrating the limited resources around prevention care and treatment. He said that for him another overriding discussion of the conference was about the emerging epidemics in the former Soviet Union specifically what is known today as Russia. AHF had a demonstration on the first day and a banner that said “AIDS Treatment Now.” AHF was very well represented wherever you walked throughout the city.

Mark Etzel said that the topic areas that surprised him the most was in developing nations and continents. Their emphasis on looking at prevention strategies, discussion about work with sex workers in India and in different places in Africa. Alternatives are being given to these women for having unprotected sex by helping them create businesses so that they can reduce their dependency on commercial sex as a way to support their families.

Mario Perez said that there were some local media that reported that the proportion of gay men were not aware of their status is significant, perhaps over 50%. Was there any mention about this? He said that he understood that there were some comments about extending the national HIV Strategic Plan to 2010 as opposed to 2005, giving an additional 5 years to meet the 50% reduction.

Mark Etzel responded that there was local media around a study of UC San Francisco reported these increases in risk taking. He said that from the conference perspective it did not get as much media attention at all.

Jeff Bailey said that when he got home he was asked many questions about that issue. The messages they heard in the news at the conference were very different from what people heard here. The focus at the conference was on the global perspective.

Mark Etzel answered that in terms of the second questions there was one session on policy issues that they were unable to attend because the room was full but he did not hear anything about that issue. David Holtgrave was there and presented the modeling work that he shared at our colloquia, which again made the case that even if we were to continue with the assumptions that we make to reach the goal of decreasing infections at the rate that CDC wants, we are going to need significant amounts of money.

XIV. STATE OFFICE OF AIDS UPDATE

Gail Sanabria reported that the PCRS meeting and also the CHPG would be held in San Francisco. It will be August 27 through 28 in San Francisco. Another conference is the Co-chairs Summit on October 28, 2002 in Sacramento. She thanked Vanessa Talamantes for putting this conference together.

The office has just come out with is the California HIV counseling and testing report and it is available on their website www.dhs.ca.gov/AIDS or call 916-445-0553 to get a copy if you have not received it.

The State office of AIDS has contracted with two entities to provide training on prevention for positives. One of the contracts is not finalized yet so she cannot say whom it is. They are in conversation with CHIPTS around doing one of the trainings, which will be Best Practice training for prevention for positives. The other training will be for prevention providers who are not used to working with HIV positive individuals and care providers who are used to working with HIV positive people but not used to working in prevention. It is a hands-on two-day training. It was piloted last week in Sacramento and it is being piloted in Los Angeles and San Diego and then it will be distributed to 24 sites throughout California. More information will be provided. OAPP is very helpful in bringing together people in Los Angeles for the pilot. She appreciates their assistance.

Jeff Bailey asked about the State budget. **Gail Sanabria** responded that there is no State budget yet. ADAP is about the only program that has an exemption that can pay invoices regardless of whether there is an assigned budget or not. As of next month, State employees will be getting minimum wages if the budget is not signed and that also includes anyone who works for the State, not just the Office of AIDS.

XV. ANNOUNCEMENTS

Jeff Bailey said that there was a mention on Comedy Central comparing the Los Angeles syphilis sore campaign to San Francisco's "Happy Penis Campaign." John Stuart did a whole comedy routine comparing the two mascots.

Vickie Ortega announced that August 4, 2002 is the fourth annual Latino LGT Pride in downtown Los Angeles. They have different artist scheduled the admission price is \$15.00. Yesterday was the Latina Transgender awards. The recipient for advocate of the year for the Transgender Latina community was Charles L. Henry.

Edric Mendia announced that August 4, 2002 is also the dance-a-thon for the Whittier Rio Hondo AIDS Project. The event starts at 3:00 p.m. The tickets are \$25.00. It will be held at a club called Ibiza in Whittier.

Richard Zaldivar said that The Wall Las Memorias Project produced their first public service announcement that is going to all cable and broadcast channels advertising the Latino Men's Group in both English and Spanish. It is a 30-second piece. The production services are all donated.

Francis Ocon from Asian Pacific AIDS Intervention Team, introduced their new program to the Filipino American community in Los Angeles County. According to HIV reports, Filipinos are the highest impacted by AIDS and HIV amongst the Asian and Pacific Islanders. From this data, their agency proposed a program last year that was funded by the United States Conference of Mayors. The initial planning stages of the project began in April and is not operational. The program targets HIV negative and positive gay bi-sexual and non-gay bi-

sexual identified men. Because this program targets both negative and positive men, some of the issues they will be addressing includes staying healthy, zero discordant coupling, relationship building, and sex. The program provides educational information as well as social support networks done in collaboration with Barangi, the gay Filipino association of Los Angeles. For more information call the agency at 213-553-1830. He invited everyone to Sport Fest 2002; it is an event to promote comoradity in the gay and bi-sexual community. It will take place this August 3, 2002 from 12:00 to 6:00 p.m. at Belmont Shores in Long Beach. A number of community and AIDS organizations will participate including Barangi, China Rainbow Association, The Gay Asian Pacific Support Network, Bienestar, APAIT and many more. For further information call him at 213-553-1843.

Shawn Griffin announced that on October 28 and 29 Prototypes will be sponsoring a Youth Conference dealing with youth that are dual diagnosed. He will bring in flyers with more information.

Vanessa Talamantes announced that on August 11, 2002 ALTAMED will be hosting its seventh annual “Una Noche De Esperanza” award ceremony at the House of Blues. They are recognizing Charles L. Henry and Gloria Molina. Tickets are \$75.00.

XVI. CLOSING ROLL CALL

Roll call was conducted.

XVII. ADJOURNMENT

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